

RECEIVED
DIVISION OF HEALTH CARE
FINANCE AND POLICY

2010 MAY 18 A 11:00

74133

To: Sue
Yang
Nancy

May 17, 2010

David Morales, Commissioner
Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116

RE: Comments on Revisions to 114.5 CMR 22.00: Health Care Claims Data Release

Dear Commissioner Morales:

The Boston Public Health Commission (BPHC) respectfully submits the following written comments in connection with 114.5 CMR 22.00, Health Care Claims Data Release regulations. BPHC appreciates the work of the Division as it endeavors to improve transparency in our health care system and to increase the ability of consumers to make informed health care choices.

BPHC serves as the local health department for the city of Boston and our mission is to preserve, protect, and promote the health and well-being of the residents of Boston, particularly those who are most vulnerable. As part of this mission, we engage in ongoing public health disease surveillance, research on demographic and health trends in the city, and evaluation of our programs and services. Each year, BPHC's Office of Research and Evaluation publishes a report entitled *The Health of Boston*, which helps to guide our programs and policies for the upcoming year and informs the residents of Boston about health and disease trends in the city's neighborhoods.

We see the creation of an all payer claims database as a very useful tool that will not only shed light on how the state spends its healthcare dollars, but also assist local health departments like ours to obtain critical data to help guide our work. The database could provide up-to-date information on disease and treatment trends in the city as well as unprecedented opportunities to analyze disease burden across racial, ethnic, gender and age categories. It would also help

us understand healthcare utilization patterns within the city and enable us to better understand where resources are best spent.

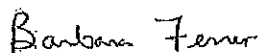
We are concerned, however, that the regulations as drafted do not provide access to the database for the purposes of local public health surveillance. Instead, local health departments like ours would be forced to pursue access to these data through the process outlined in section 22.03(1)-(3), which requires an entity to submit an application, wait through the public comment period and make various unrealistic assurances regarding the future use of the data. While we appreciate the need to maintain the confidentiality of these data, the process proposed in the regulations is long and cumbersome and appears to be geared toward academic research institutions or other nongovernmental entities rather than those who are carrying out a government mandate.

We note that the regulations allow for easier exchange of information between DHCFP and its sister agencies in state government (22.05(1)(a)), but there are no similar provisions for local government requests for data. Likewise, the fees for accessing the data are waived for state and federal government entities, but not for local governments. (22.03(4)). We urge DHCFP to allow a streamlined process for local health departments to obtain these data and to waive the fee requirement for local governments.

Finally, the regulations allow for release of data for the purposes of conducting "health cost and utilization analysis to formulate public policy; financial studies and analyses of provider payment systems; utilization review studies; health planning and resource allocation studies; and quality improvement." (22.03(3)(c)(1)). While we understand that this is not an exclusive list, we urge you to include "public health surveillance and research" among the list of uses that DHCFP considers to be presumptively in the "public interest." (22.03(3)(c)(1)) Making this change would ensure that requests for data by public health departments are handled consistently and that public health surveillance is a recognized for the public service that it is.

Thank you for the opportunity to provide input. If you require additional information, please feel free to contact me.

Sincerely,



Barbara Ferrer, Ph.D., MPH, M.ED

Executive Director